

**CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI**

Debtor: Ronald Stewart SSN: XXX-XX-1958
Joint Debtor: Carolyn Stewart SSN: XXX-XX-8886
Address: PO Box 868
Olive Branch, MS 38654

CASE NO. 14-14123
Median Income: 1 Above ☒ Below

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 36 months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

- (A) Debtor shall pay \$ 1,345.54 (☒ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

- (B) Joint Debtor shall pay \$ 1,345.54 (☒ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

PRIORITY CREDITORS.

Filed claims which are not disallowed are to be paid in full or as ordered by the Court as follows:

Internal Revenue Service: \$ _____ at \$ _____/month
Mississippi Dept. of Revenue: \$ _____ at \$ _____/month
Other/ _____: \$ _____ at \$ _____/month

DOMESTIC SUPPORT OBLIGATION. DUE TO:

POST PETITION OBLIGATION: In the amount of \$ _____ per month beginning _____.
To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

PRE-PETITION ARREARAGE: In the total amount of \$ _____ through _____ which shall be paid in the amount of \$ _____ per month beginning _____.
To be paid ☐ Direct, ☐ through payroll deduction, or ☐ through the plan.

HOME MORTGAGES. All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

Mtg pmts to <u>Wells Fargo Home Mortgage</u>	Beginning <u>Dec. 1, 2014</u>	@ \$ <u>1,545.90</u>	<input checked="" type="checkbox"/> Plan <input type="checkbox"/> Direct
Mtg pmts to <u>U.S. Bank Home Mortgage</u>	Beginning <u>Dec. 1, 2014</u>	@ \$ <u>1,219.00</u>	<input type="checkbox"/> Plan <input checked="" type="checkbox"/> Direct
Mtg pmts to _____	Beginning _____	@ \$ _____	<input type="checkbox"/> Plan <input type="checkbox"/> Direct

Mtg arrears to <u>Wells Fargo Home Mortgage</u>	Through <u>Nov. 30, 2014</u>	\$ <u>4,615.34</u>	@ \$ <u>128.20</u> /mo
Mtg arrears to <u>U.S. Bank Home Mortgage</u>	Through <u>Nov. 30, 2014</u>	\$ <u>0.00</u>	@ \$ <u>0.00</u> /mo
Mtg arrears to _____	Through _____	\$ _____	@ \$ _____ /mo

Debtor's Initials RS

Joint Debtor's Initials CS

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MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:

Creditor: _____ Approx. amt. due: _____ Int. Rate: _____
 Property Address: _____ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

Creditor: _____ Approx. amt. due: _____ Int. Rate: _____
 Property Address: _____ Are related taxes and/or insurance escrowed ☐ Yes ☐ No

NON-MORTGAGE SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) pursuant to 11 U.S.C. § 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWED	VALUE	INT. RATE	PAY VALUE OR AMT. OWED
GMC Financial	2008 GMC Yukon	✓	\$25,638.00	\$21,275.00	7%	AMT. OWED
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

* The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

SPECIAL CLAIMANTS including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL	APPROX. AMT. OWED	PROPOSED TREATMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT LOANS which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

CREDITOR'S NAME	APPROX. AMT. OWED	CONTRACTUAL MO. PMT.	PROPOSED TREATMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL PROVISIONS which may apply to any or all payments to be paid through the plan, including, but not limited to, adequate protection payments:

Debtor daughter lives at 9042 N. Silverbrook LN, Brown Deer, WI. Debtor daughter shall pay direct payments to the
Creditor U.S. Bank Home Mortgage. Should Debtor daughter fail to make payments, the residence shall be surrender
to U.S. Bank Home Mortgage.

GENERAL UNSECURED CLAIMS total approximately \$ 24,924.60. Such claims must be *timely filed* and not disallowed to receive payment as follows: IN FULL (100%), 0 %(percent) MINIMUM, or a total distribution of \$ _____, with the Trustee to determine the percentage distribution. *Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.*

Debtor's Initials 148

Joint Debtor's Initials AKS

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Total attorney fee charged: \$ 3,000.00
Attorney fee previously paid: \$ 700.00
Attorney fee to be paid in plan: \$ 2,300.00

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Automobile Insurance Co/Agent

Telephone/Fax: _____

Attorney for Debtor (Name/Address/Phone/Email)

SUSAN C. SMITH MSBN:99776

Post Office Box 1251

Greenville, MS 38702-1251

Telephone No. 662-378-2258

Facsimile No. 662-378-2543

Email address smithsusanc@bellsouth.net

DATED: 2014.11.07 DEBTOR'S SIGNATURE

JOINT DEBTOR'S SIGNATURE

ATTORNEY'S SIGNATURE


The block contains three handwritten signatures in blue ink. The first signature is for the Debtor, the second is for the Joint Debtor, and the third is for the Attorney, Susan C. Smith. Each signature is written over a horizontal line.